

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: DEREK JOHNSON, ET AL.

Serial No. 09/822,256

Filed: April 2, 2001

For: LOCATION DEFINED CONTROL OF
CELLULAR SYSTEM

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) Group Art Unit: 2683
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) Examiner: William D.
) Cumming
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Commissioner for Patents,
Alexandria, VA 22313 on July 18, 2005

Sheila Smedick

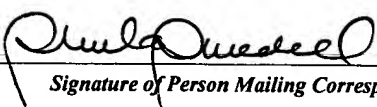
name Sheila Smedick 7-18-05
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Commissioner for Patents
P.O. Box 1450
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RESPONSE TO OFFICE ACTION

Applicants respectfully request entry of the following amendments and remarks
contained herein in response to the Office Action mailed May 16, 2005. Applicants
respectfully submit that the amendments and remarks contained herein place the instant
application in condition for allowance.

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| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. 01053 (BLL-0222) | |
| Applicant(s): DEREK JOHNSON, ET AL | | | | | |
| Application No. 09/822,256 | Filing Date April 2, 2001 | Examiner William D. Cumming | Customer No. 36192 | Group Art Unit 2683 | Confirmation No. 7274 |
| LOCATION DEFINED CONTROL OF CELLULAR SYSTEM | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 1 - | 41 = | 0 | x \$50.00 | \$0.00 |
| INDEP. CLAIMS | 1 - | 5 = | 0 | x \$200.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <div style="display: flex; flex-direction: row-reverse;"><div style="width: 50%;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div style="width: 50%;"><p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p><div style="text-align: right; margin-top: 20px;">Dated: July 18, 2005</div></div></div> | | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p style="text-align: center;">_____ Signature</p><div style="border: 1px solid black; padding: 5px; margin-top: 10px;">David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192</div></div><div style="width: 50%; border: 1px solid black; padding: 5px;"><div style="font-size: small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div><div style="text-align: center; margin-top: 5px;"><u>July 18, 2005</u> (Date)</div><div style="text-align: center; margin-top: 20px;"> Signature of Person Mailing Correspondence</div><div style="text-align: center; margin-top: 5px;">Sheila Smedick Typed or Printed Name of Person Mailing Correspondence</div></div></div> | | | | | |
| cc: | | | | | |